

**Iowa Medicaid  
Clinical Advisory Committee (CAC)**



Meeting Minutes

April 15, 2016

1:00 p.m. - 4:00 p.m.

Iowa Medicaid Enterprise conference rooms 128 & 130

1.	<p>Welcome and Introductions -</p> <p>A. Announcements - C. David Smith, MD, General Surgery, IME Medical Director, opened the meeting by welcoming everyone and introductions were made.</p> <p>Present: Mark Davis, PA-C, Family Practice; Daniel Wright, DO, Pediatrics; Nicholas Galioto, MD, Family Practice; Andrea Silvers, MD, Family Practice; Joseph Kimball, DO, Family Practice; Christopher Goerd, MD, Internal Medicine and Sherry Buske, ARNP, Family Practice.</p> <p>Absent: Dawn Schissel, MD, Family Practice.</p> <p>B. Guest introductions: Dr. Victoria Sharp and Dr. Jason Kessler from one of the MCOs - Amerihealth Caritas.</p> <p>C. Non-committee members present: Dr. Mark Randleman, Ryan Ketterling, Sandra Pauley, Liz Matney, Rick Riley, Lori Palm, Carrie Ortega, Karilynne Lenning, Marni Bussell, Jane Riggins, Cathy Vanderlinden, Jan Hutcheson, Becky Carter and Vicki Lickteig.</p>		Dr. Smith
2.	<p>Approval of Minutes from the January 15, 2016 Meeting</p> <p>A. Motion to approve by - Mark Davis</p> <p>Seconded by - Joe Kimball</p> <p>Minutes were unanimously approved.</p>		Dr. Smith
3.	Old Business		
	<p>A. Discussion of role of CAC with Medicaid Modernization</p> <p>i. Functions - provide oversight to the MCOs.</p> <p>ii. Filling vacancy as determined by the needs of the committee and to provide appropriate representation - CAC members were encouraged to provide references to Dr. Smith. Suggestions were made for someone from the University of Iowa or a rural, southern Iowa area.</p>		Dr. Smith

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	<p><b>B. State Innovation Model (SIM) Update</b> Karilynne provided handouts of SIM Driver Diagram, map of Community Care Coalition (CCC) communities in Iowa, and IDPH SWAN Leakage Report.</p> <p>There was a SIM leadership meeting where each of the MCOs presented their organizations alignment with the SIM vision and strategies they will have in place to compliment the goals of the SIM model. There are currently six 3C communities in Iowa; three are in the developmental stage and three are in the implemental stage.</p> <p>There is progress in the SWAN alert notification system and she provided the leakage report. This system is currently for Medicaid only; however, there are discussions with CMS to include the Medicare population. The anticipation is to have all five Medicaid ACO delivery systems be flowing with SWAN alerts. The handout shows the total alerts for ACO patients who had an event outside their assigned ACO, which without the SWAN alert, would potentially be a missed opportunity for a provider or care team to reach out and provide input into the patient's care plan or coordination of care.</p> <p>The Iowa Healthcare Collaborative hosted the first of three SIM learning communities. The event was kicked off by Governor Terry Branstad, Medicaid Director Mikki Stier, IDPH Director Gerd Clabaugh and Dr. Tom Evans of IHC. Topics included social determinants of health and their impact on health outcomes, multiple data sources for C3 communities, and diabetes statewide strategy. The next SIM learning event will be July 12 at Prairie Meadows. The third event will be on November 9. A federal evaluator will be in Iowa May 18-20 to conduct focus group interviews with two of the six C3 communities. These groups will be providers and consumers to obtain baseline information regarding their experience with care, access, and quality. They will be onsite to interview SIM staff, leadership, SIM partners, and health organizations in Iowa.</p>		Karilynne Lenning
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	<p>C. Managed Healthcare Clinical Advisory Committee</p> <p>Liz stated the transition to managed care for April 1 has gone smoothly. They are continuing to work on issues as they arise. The call center was open on the weekends; however, the volume of calls is decreasing so they will discontinue this service.</p> <p>There is a rapid response resolution to determine if the issues are systemic or emergent. The biggest concerns so far have been transfer of prior authorizations and a pharmacy specialty issue. The pharmacy issue determined an edit in place that had been turned off and this solved the problem. It has been determined that the MCO PDL aligns with the State PDL. The transportation broker involved a hand-off of companies.</p> <p>They are providing a daily monitoring of the MCO plans and a check that claims are paid timely within 14 days. They will also be monitoring the call center service level.</p> <p>Dr. Silvers mentioned a prior authorization through United Healthcare where only voice mail was obtained and not a live person. Most of the issues for providers and the MCOs revolve around prior authorizations (PA). These now extend to hospital and emergency department care. The PA forms are difficult to locate on the MCO websites. A suggestion was made to have the PA forms on the provider site. Liz stated that PA's are not mandatory for the month of April except pharmacy.</p> <p>Mark Davis had a question regarding whether a mid-level provider (PC or NP) can be a primary care provider (PCP) for Medicaid. MCOs state an annual wellness exam must be conducted by a PCP.</p>		Liz Matney
4.	<p><b>New Business</b></p> <p>A. Presentation by MCO medical directors regarding their visions for improving the health of Medicaid members through managed care.</p> <p>Dr. Sharp stated they were not prepared to speak at this meeting; however, they would be glad to speak on this topic at the next CAC meeting July 15.</p> <p>Dr. Kessler stated he works directly with prior authorizations at Amerihealth Caritas.</p> <p>Dr. Smith stated it will be good to have MCO representation at the CAC meetings in an advisory capacity and not a voting capacity.</p>		Guests
5.	Public Comment Period - There were no public comments.		Dr. Smith

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6.	Criteria Review		Dr. Smith
	<p>A. Consider reorganization of review process by:</p> <ul style="list-style-type: none"> <li>i. Surgical Procedures</li> <li>ii. Durable Medical Equipment</li> <li>iii. Medications</li> </ul> <p>B. Criteria to be reviewed</p> <p>C. Dr. Smith stated he would invite a genetic counselor to review the genetic testing criteria and have them speak at the CAC meeting on July 15. He also stated the list of criteria to be reviewed in July will be sent to CAC members so they can indicate if they would like to research any particular criteria listed.</p>		
7.	Other New Business/Discussion No other new business for discussion.		Committee
8.	Upcoming Meetings <ul style="list-style-type: none"> <li>A. July 15, 2016</li> <li>B. October 21, 2016</li> </ul>		Dr. Smith
9.	Adjournment of Meeting		Dr. Smith

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